

IMPROVING THE

ROI



— OF YOUR —

EHR

3 KEYS FOR SUCCESS

BROUGHT TO YOU BY
CareCloud 

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INTRODUCTION

Achieving a ROI on technology investments can be difficult – and even more so in the case of Electronic Health Record (EHR) software.

A 2013 study from the University of Michigan School of Public Health finds that practices that implement an EHR without a laser focus on enhancing revenue and cutting costs are likely to lose more than \$43,000 over five years. In other words, 73% of those surveyed failed to see a ROI¹. The financial implications of EHRs are about more than Meaningful Use (MU) checks, after all.

That said, whether a medical practice wants to purchase an EHR, switch out its current solution – or simply get the most out of existing investments – there are three levers for maximizing ROI:

1. Choose a product that can enhance, not erode, profitability
2. Optimize implementation for faster time to value
3. Attack Meaningful Use in a way that maximizes payments

¹ Julia Adler-Milstein, Carol E. Green and David W. Bates, "A Survey Analysis Suggests That Electronic Health Records Will Yield Revenue Gains For Some Practices And Losses For Many," March 2013, Health Affairs, [<http://www.healthaffairs.org/>]

1

CHOOSE A PRODUCT THAT ENHANCES PROFITABILITY

The American Academy of Family Physicians (AAFP) 2012 EHR User Satisfaction survey reflected that only 38% of respondents were highly satisfied with their EHR systems². Productivity declines were a primary source of dissatisfaction – and, in turn, lower ROI.

Four attributes in particular help physicians make the most of their investment in an EHR system: high usability; capabilities for both charting and tasking; integration with practice management; and cloud-based delivery.

High usability

According to the HIMSS EHR Usability Task Force, usability is the “effectiveness, efficiency and satisfaction with which specific users can achieve a specific set of tasks in a particular environment.” Despite a clear definition, as well as standards and benchmarks promoted by the Meaningful Use Incentive Program and other federal health IT initiatives, usability is a challenge for most EHR solutions. The 2012 American College of Physicians survey reflects this, reporting that 37% of doctors were dissatisfied with their system’s usability³. This is a glaring problem because the more time practices spend fighting technology, the less time they spend seeing patients. The alternative – sustain patient flow by spending late nights catching up on data entry – is equally disruptive.

What should a practice demand? From a functional perspective, EHRs should minimize the number of mouse clicks and screen openings it takes to get the job done. They should allow doctors to document the entire clinical encounter – from intake, to physical exam, to order fulfillment – within a single screen to save time and effort. In addition, EHRs should be as intuitive and familiar as the web sites and social media platforms that doctors already use in their daily lives. The result: greater familiarity and lower training requirements. Finally, an EHR system should allow doctors to easily communicate with their staff and patients through social and chat capabilities that save time on back-and-forth exchanges while supporting more efficient, proactive care.

Ultimately, a more usable EHR helps practices work smarter, not harder – thereby reducing documentation times, increasing patient volumes, and driving higher revenues.

Capabilities for both charting and tasking

One of the key weaknesses of many EHRs is a singular focus on the clinical encounter. Many systems simply don’t support capabilities for tracking patient flow or managing office tasks, thereby creating bottlenecks for office staff as patients move from waiting room to exam room – then back to the front desk. For instance, the American College of Physicians survey cited earlier also reported that 34% of respondents were “very dissatisfied” with their EHR’s ability to decrease workload, up 15% from 2010.

² KG Adler, RL Edsall, “The 2012 EHR User Satisfaction Survey: Responses from 3,088 Family Physicians,” November 2012, American Academy of Family Physicians (AAFP), [http://www.aafp.org/].

³ “American College of Physicians User Satisfaction Survey,” November 2012, American American College of Physicians (ACP), [http://www.acponline.org/].

To avoid this pitfall, EHRs should support charting as well as intelligent workflow and tasking capabilities. This allows office staff to closely track patient wait times, exam room occupancy, and overall flow through the office – avoiding problems such as underutilized resources or unnecessarily long encounters.

Furthermore, it is important an EHR manage the ancillary tasks that inundate practices daily (e.g., signing notes, reviewing lab results, approving medications, answering messages), a burden that only increases in complexity as the day progresses and new patients arrive. Key capabilities such as unified mailbox systems in which doctors and staff can view and manage critical, one-off tasks, are essential. By providing a cohesive view of what needs to get done, medical practices will waste less precious time looking for misplaced charts, waiting by the fax machine, or hunting around for lost patient information.

Strong integration with practice management

Timely capture of clinical encounters is critical to ensuring practices are fully and fairly paid for the care they've provided – of even greater importance in an environment characterized by declining reimbursements.

It is therefore vital for an EHR to integrate seamlessly with a high-performing practice management (PM) solution, closing the gap between the clinical and financial aspects of patient care. A single vendor with a history of delivering strong cash performance, high first-pass acceptance rates and high first-pass resolution rates for claims is therefore a must.

Three key benefits result from tight integration. First, practices can streamline patient management from appointment scheduling to payment processing, allowing the technology to remove administrative burden from the shoulders of physicians and staff alike. Second, integration can help streamline the collection process. The patient comes through the door and is processed by both the EHR and the practice management system's billing engine, making charge entry and coding seamless, minimizing under-coding, and maximizing first pass claims acceptance and resolution rates. Finally, by selecting a single vendor who can deliver strong EHR and PM capabilities together, medical practices minimize the need for expensive third-party interfaces, resulting in a consistent experience across the practice and lowering long-term support costs.

Shift to cloud-based solutions

Medical practices either purchasing an EHR for the first time or replacing an existing system should consider the ROI potential of more modern cloud-based solutions compared to traditional "client/server" ones – with their required upgrades, maintenance fees, and on-site hardware storage. In a cloud-based EHR system, a practice's administrative, clinical, and financial information is stored on external servers, meant for web-based access from wherever a doctor has an Internet connection. There are many benefits to cloud-based solutions.

First, cloud-based EHRs are often provided through Software-as-a-Service (SaaS) contracts, allowing practices to sign up for low monthly subscription costs that provide greater transparency and consistency in their expenditures. Implementation fees are also generally lower, as there is no hardware to come and install on site.

Improving The ROI of Your EHR – 3 Keys to Success

The financial benefits extend beyond EHR set-up. Cloud-based EHRs reduce IT staffing requirements as maintenance and support are managed remotely by the vendor. Typically, a client-server technician could take 24-48 hours to arrive at a practice, which could cost thousands of dollars in missed encounters and a regression to paper back-ups. On the other hand, cloud technicians can troubleshoot issues remotely within minutes.

Finally, cloud-based systems are typically much more secure than on-premise systems. Not only must they adhere to strict HIPAA and other encryption standards, but they ensure a practice's data is frequently backed up on a network of redundant servers in a highly secure data center. As a result, when compared to EHRs that live on-premise, doctors and their staff have access to patient information without the fear of theft or other security compromises within their four walls.

Given such benefits, the industry is beginning to move dramatically in the direction of the cloud. In fact, according to the 2013 Black Book Rankings survey, of practices looking to switch their EHRs within the next year, 70% said they would move from their existing client/server or SaaS/web-based EHR to a new SaaS/web-based EHR.



2

OPTIMIZE IMPLEMENTATION FOR FASTER TIME TO VALUE

For practices considering a new or replacement EHR, the next major element to tackle is optimizing the implementation and training process to accelerate time to value. Implementing a system as complex as an EHR can bring with it unforeseen expenses. And while Meaningful Use incentive programs are meant to help remedy that expenditure, some experts argue the money covers only a fraction of the system's actual cost.

The key is to strategically tackle the EHR implementation process by focusing on two key things: 1) Ensuring strong EHR integration into existing workflows, and 2) Making EHR implementation a team effort.

Ensuring strong EHR integration into existing workflows

In 2011, the Medical Group Management Association (MGMA) released a study on physicians' worst fears regarding the EHR adoption process. Its results soon went viral. All in all, 78% of respondents said they feared productivity loss during the implementation process, and 67% worried this loss would carry over after completing the process⁴. A loss of productivity would invariably translate into a loss of profitability. By contrast, whenever antiquated paper processes have been replaced by paperless solutions in other industries, productivity levels have gone up.

As a result, practices should focus less on redesigning workflow and more on optimizing the use of EHRs within existing ones, in and beyond the chart. Currently, medical practice workflows often focus on charts and the individuals who guide them through the office – from preparation to registration, from nurse to physician and biller.

In pre-EHR practices, many processes were carried out mentally. To ensure they remain intact once an EHR is in place, it is important to map them out beforehand. It is also important for physicians and their staff to keep patients in mind – how they experience their visits and what can be improved. Lastly, practices should create clear outlines of their new, enhanced workflows and review for areas of potential improvement. These outlines should pinpoint the sources of errors, bottlenecks and possible communication delays, and discern what can be remedied as part of EHR-related automation.

In short, achieving greater familiarity with a practice's pulleys and gears is beneficial. Outlining processes and workflows underscores what physicians and staff members need to see in an EHR, minimizes surprises and can uncover opportunities to improve the experience for practices and patients alike – with both revenue and cost benefits.

Making EHR implementation a team effort

Just as a cardiac specialist needs a team to conduct open-heart surgery, trying to tackle an EHR implementation alone is not the way to go. It is not unusual for one champion in a practice to assume responsibility for the entire EHR effort. This may enable a fast start – gaining alignment and enlisting

⁴ "Electronic Health Records: Status, Needs and Lessons 2011 Report Based on 2010 Data," April 2011, Medical Group Management Association (MGMA), [<http://www.mgma.com/>].

other resources up-front is time-consuming – but makes productive EHR adoption more difficult when the time comes to actually introduce the technology.

Therefore, the first step is to build an EHR implementation team within the organization after properly mapping out workflows and processes. The National Learning Consortium (NLC) advises that practices choose three or more members from varying backgrounds and departments as they set goals for the EHR implementation. This will allow for a multitude of perspectives on how the new EHR will be used. Once a practice selects a team, it can more easily focus on the task at hand by separating implementation into three phases: preparation and planning, reassuring staff, and driving change at an organization.

Preparation and Planning

A practice's EHR implementation team should be actively involved in pursuing a first-time or replacement EHR, asking vendors the right questions and considering workflow bottlenecks. The team should then engage the rest of the practice's staff, creating a glossary of EHR terms so they won't go into panic mode once acronyms like CPOE and HIE are brought to the forefront.

Physicians should create goals with the EHR implementation team, then distribute them to the rest of the staff, so they can become better acquainted and personally invested in the practice's overall mission. Using the ONC's S.M.A.R.T. goal model make it easy to separate goals into Specific, Measurable, Achievable, Relevant and Time-bound checkpoints.

Reassuring Staff

It is also important to make the EHR implementation team as well as current and future staff members feel reassured by explaining that extra hours and an ongoing commitment to the EHR beyond implementation will make their jobs easier in the long run. This can be done by evangelizing the benefits of a paperless practice and streamlined workflows – after all, a smarter staff means more efficient work, which helps practices see a quicker return.

Furthermore, as practices transition to organizing EHR efforts, physicians and office managers may realize the practice needs additional team members with a high level of expertise in one area (e.g., a computer-savvy EHR builder that can work with the system to create templates and customize drop-down boxes). It is important to remind both the team and practice staff that EHR implementation is a team effort, and that no one will be replaced for the temporary consultative help. The stress brought about by a lack of job security decreases the productivity of the practice's employees, who are really the backbone of the EHR implementation process.

Driving Change

Finally, it is important to evaluate what processes a medical practice should continue and/or stop to facilitate the goals of its EHR transition and what processes physicians and office managers should put in place to recreate the practice's vision. Organizations should ensure staff members are comfortable and accepting of consistent change, particularly during the first three months after implementation.

Having already chosen the right product, practices will have an easier time becoming more agile, with the ability to respond to both internal and external challenges on the fly. However, building a culture around speed, patient care, and coordination – that underlie the key benefits of an EHR – will give practices a sustainable advantage as they adapt to changes in the clinical and regulatory climate around them.

3

ATTACK MEANINGFUL USE IN A WAY THAT MAXIMIZES PAYMENTS

Meaningful Use (MU) attestation is a more nuanced process than industry observers often give it credit for. Not surprisingly, the first hurdle is pursuing Meaningful Use dollars with an incomplete knowledge of its requirements. CareCloud's Meaningful Use expert, Michael Pepe, explains this succinctly:

"In an obvious sense, 'misstepping' any MU measure can cost you the incentive payment, especially at the end of the reporting period of that year. For instance, improperly educating your staff will cost you in lost revenue because their time is being taken by completing tasks that have no meaning."

There are two areas that doctors and their staffs can strategically target to ensure the best possible chance at attesting for Meaningful Use dollars: 1) Treating Core Measure 9 carefully and 2) Minimizing the potential for negative audits.

Treating Core Measure 9 carefully

According to the U.S. Department of Health and Human Services (HHS), the HHS expects 18,750 "small" (affecting less than 500 patients) data breaches annually. With HIPAA penalties ranging from as low as \$100 all the way to \$1.5 million, enhanced security will help practices avoid a data breach, the costly fines that come with it, the damage done to an organization's reputation, and ultimately ROI.

In order to qualify for Meaningful Use, core measure 9 is a mandatory requirement that helps practices protect themselves from potential breaches and other security emergencies. According to the CMS, to meet core measure 9 requirements, practices must "conduct or review a security risk analysis [...] and implement security updates as necessary and correct identified security deficiencies as part of its risk management process."

To do this successfully, it is imperative that practices conduct a risk assessment en route to having proper privacy and security policies in place for their office staffs. Not doing so can cause a security breach, and having to alert patients that their sensitive information is at risk may also result in an HHS audit. A key way to tackle core measure 9 is to use tools like the ONC Security Risk Assessment, which helps practices analyze their current security standings and tighten processes for long-term integrity.

Minimizing the potential for negative audits

In addition to preventing security breaches, the other important key to high ROI is ensuring one's organization has a fundamental grasp of all Meaningful Use core measures and security requirements to minimize the risk of potential audits. What the CMS expects to gain from conducting audits before and after the initial compliance and reporting period is the confidence that providers are maintaining Meaningful Use compliance. Practices need to be prepared.

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As a provider attesting to receive an incentive payment, it is important to retain all relevant supporting documentation, in either paper or electronic format, for six years. Information requested from physicians may include:

- Proof that the physician is using a certified EHR system
- Documentation proving that, during the reporting period, at least 50% of patient encounters were entered into the EHR
- Supporting documentation used during the attestation for both Core and Menu Set Objectives/Measures
- Proof that a security risk analysis of the certified EHR was performed prior to the end of the reporting period
- Proof that certain features (i.e. drug-drug/drug-allergy interaction checks) were available, enabled and active in the EHR system for the duration of the reporting period

While this may seem overwhelming, practices can simplify this process early on by ensuring they invest in an EHR with Meaningful Use reporting tools. Meaningful Use reporting helps practices track the status of their attestation process in real-time. The bottom-line is that audits cost money – on both an administrative and hourly staff level, before and after – and impede Meaningful Use reimbursements. As a result, documents should be kept organized and accessible.

Conclusion

At the end of day, EHRs are significant investments for practices – both in terms of real dollars and the potential impacts they can have on revenue-generating workflow and productivity. But most in the industry agree their vision is worth the investment. EHRs will ultimately become the backbone of the U.S. healthcare industry, expected to lower industry costs, improve patient care across the spectrum and transform care coordination. However, the steps to get there can be complex and derail near-term returns.

To achieve the highest possible ROI on an EHR, it is critical that practices adopt the trifecta of best practices. The first step is to choose the right EHR product – one that's highly usable, combines both charting and tasking in one solution, seamlessly integrates practice management, and is based in the cloud. The second step is for practices to manage the implementation process in a way that accelerates time to value – specifically, focusing on integrating EHRs into existing workflows and rallying the participation of a broad team. Finally, organizations should attack the Meaningful Use program by building a culture around security and employing best practices to minimize negative audits.

As the famous chemist and biologist Louis Pasteur once said, "chance favors the prepared mind." In a healthcare environment marked by constant change and too-often unpleasant surprises, EHRs are one area in which practices should carefully prepare for in order to secure consistent, positive future returns.



Contributors:

Ahmed Mori, Joseph Sawyer, Grant Ho and Xavier Martinez

CareCloud is a leading provider of web-based practice management, revenue cycle management, electronic health record (EHR), and medical billing software and services for medical groups. The company's products are connecting providers to one another – and to their patients – through a fully integrated digital healthcare ecosystem that can be accessed on any browser or device.

CareCloud is helping physicians in 45 states increase collections, streamline operations and improve patient care. The company was named a winner of IBM's SmartCamp Silicon Valley 2010 for its innovative technology and received over \$20 million in Series A funding from Intel Capital and Norwest Venture Partners. To learn more about CareCloud, please visit www.carecloud.com.

1-877-342-7519 – hello@carecloud.com